

SCI CLEARANCE CERTIFICATION REQUEST

Requester's Office Symbol:

Date: 1999-12-07

- Submit this form to the SSO no later than five (5) days prior to departure.
- Type or print your information clearly.
- Return this form to the SSO upon completion.
- Keep a copy of this completed form for our records.
- REMINDER: Association with some locations/activities and the SSO system is classified.

<i>LAST Name, First Name MI</i>	<i>Clearance to be Passed</i>	<i>SSN</i>	<i>Rank/Service</i>
	ALL		
	ALL		
	ALL		
	ALL		
	ALL		

CERTIFY TO

<i>Organization (Proper PLA if known)</i>	<i>Inclusive Dates of Visit</i>	<i>POC at Location/Phone#</i>
	TO	
	TO	

Correct SSO Comm Channel (DSSCS or Backchannel: PLA: Plain Language Address)

PURPOSE OF VISIT/REMARKS:

Requester's Signature

Requester's Printed Name/Phone Number

SSO USE ONLY:

REMARKS:

DTG: _____